



05-05-04

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail****Mail Stop ISSUE FEE
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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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25225 7590 02/19/2004

MORRISON & FOERSTER LLP~~3811 VALLEY CENTRE DRIVE~~~~SUITE 500~~~~SAN DIEGO, CA 92130-2332~~**755 Page Mill Road
Palo Alto, CA 94304**

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. § 1.10 in an envelope addressed to the Box Issue Fee address above on the date indicated below.

Tia Zimmerman

(Depositor's name)

Tia Zimmerman

(Signature)

5/3/04

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/932,167	08/17/2001	Chaitan Khosla	300622005900	4663

TITLE OF INVENTION: FERMENTATION AND PURIFICATION OF MIGRASTATIN AND ANALOG

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	05/19/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
MARX, IRENE	1651	435-119000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Morrison & Foerster LLP

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Kosan Biosciences, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Hayward, California

Please check the appropriate assignee category or categories (will not be printed on the patent);

☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☒ Advance Order - # of Copies **6**

4b. Payment of Fee(s):

☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number **03-1952** (enclose an extra copy of this form).

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(Authorized Signature) **Randolph Ted Apple** (Date)Reg. No. **36,429**

4/29/04

05/06/2004 LWONDIN2 00000056 031952 09932167

01 FC:2501

665.00 DA

02 FC:1504

300.00 DA

03 FC:8001

18.00 DA

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